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ABSTRACT

Puerto Rican children are vulnerable to abuse because environmental and intrafamilial stresses are coupled with the stresses associated with migration from Puerto Rico to the United States. The percentage of abused Puerto Rican children is likely to be higher than in other Hispanic or non-Hispanic populations. This document reviews the following aspects of child abuse in Puerto Rican communities: (1) the social context of contemporary child abuse; (2) definitions of physical and sexual abuse; (3) patterns of abuse; (4) antecedents to abuse in the Puerto Rican community; (5) Puerto Ricans and abuse in Connecticut; (6) Puerto Rican case data: the process of abuse; and (7) cross-cultural conflicts and adolescent abuse: a framework of intervention. Recommendations for intervention strategies are outlined. Policy recommendations are offered in the following areas: (1) research; (2) prevention and treatment programs; (3) the need for trained personnel; (4) the need for training materials; and (5) the need for interagency cooperation. A 30-item list of references is provided. (BJV)

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HISPANIC HEALTH COUNCIL

RESOURCES ON CHILD ABUSE PREVENTION

CONCEPTUAL FRAMEWORK FOR CHILD ABUSE IN LATINO COMMUNITIES

HISPANIC HEALTH COUNCIL

Research, Advocacy and Training in Health and Education

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TABLE OF CONTENTS

1. Premises	1
2. The Social Context of Contemporary Child Abuse	2
3. Definitions of Physical and Sexual Abuse	4
4. Patterns of Abuse	8
5. Antecedents to Abuse in the Puerto Rican Community	12
6. Puerto Rican and Abuse in Connecticut	14
7. Puerto Rican Case Data: The Process of Abuse	19
8. Cross-cultural Conflicts and Adolescent Abuse: A Framework of Intervention	21
9. Recommendations for Intervention	28
10. Policy Recommendations	32
11. References	37

PREMISES

Jean J. Schensul, Ph.D.

1.Spanish speaking communities in the United States are highly diverse. They are differentiated by ethnicity (determined by nationality or country of origin), geographic location in the United States, class, generation and a number of other important factors. These differences must be considered when discussing child maltreatment in any Spanish speaking community.

2. Child maltreatment is as unacceptable in Puerto Rico as it is in the United States; and it is as unacceptable among Puerto Ricans in the United States as it is among other ethnic groups.

3. Puerto Rican children are vulnerable to abuse because of environmental and intrafamilial stresses coupled with the stresses associated with migrationon from Puerto Rico to the United States.

Migration introduces a new complex of factors in cases of alleged abuse. These affect the abused child, the alleged abuser and other family members. They include coping with:

- language differences
- changes in and limitations on existing support systems
- difficulties in learning and managing service agencies such as schools, health care services and housing
- unpredicted economic difficulties
- understanding differences in beliefs and behaviors, especially in the area of child rearing and discipline
- limited understanding of court and legal systems
- prejudices directed toward Puerto Ricans and other ethnic minority groups inthe United States

Risk factors for abuse in the Puerto Rican community are the following:

a. high rate of teenage pregnancy
b. poverty
c. reduced support networks and social isolation
d. environmental stress
e. households with two or more children under five
f. high proportion of single parent households
g. evidence of domestic violence directed toward women

The percentage of abused Puerto Rican children in relation to the overall population is likely to be ∂u(higher) than in other Hispanic or other populations, simply because 50% of the

population is under 20.

Between 40 and 60% of Puerto Rican households are headed by a woman. Female headed households are at greater risk for abuse of children. The percentage of Puerto Rican children reported to be abused who come from female headed households will be higher than in other populations.

Child rearing practices are culturally defined. The greater the inter and intracultural diversity in child rearing, the greater the likelihood of intra and intercommunity disagreement and conflict in this arena.

In a stratified society such as ours, groups with lower socioeconomic status are subjected to the prevailing or dominant methods of child rearing and disciplinary action. This may not be their way, yet they lack the power necessary to modify, change or adapt mainstream definitions of appropriate socialization practices. Puerto Ricans and other Hispanics face this situation.

Effective intervention methods to address the maltreatment of Puerto Rican and other Hispanic children require collaboration with agencies working in these communities. These agencies have established trust and personal relationships with community residents and are in a position to understand better and relate more effectively to Puerto Rican/Hispanic families in the sensitive arena of abuse.

CONCEPTUAL FRAMEWORK FOR CHILD ABUSE IN LATINO COMMUNITIES

> "Children matter for what they tell us about ourselves. They cannot defend their rights. Such rights as they enjoy must be freely given to them. Thus the care children receive in a society is a sensitive index of its morality.... The child cannot wait. Many things we need can wait but he cannot...to him, we cannot say 'tomorrow'. His name is 'today'." (Eisenberg, 1981:306)

I. The Social Context of Contemporary Child Abuse

"Abuse is the overt expression of power by an adult or older child over a younger person" [Gelles, 1972]

Child abuse is a 20th century western concept. It depends on the

belief that the child is an individual with rights and on the existence of formal social institutions with the designated power to preserve that child's rights through legal advocacy and social intervention. Recognizing the inability of children to express and act upon their rights, child protection and child advocacy laws have provided the state with the power to do so on behalf of the child. Where children's rights are seen as abused by family members, the state has the authority to intervene. Thus where families once had virtually complete power over child members, now power over children is shared by adult family caregivers and the state.

As the State has taken over and mandated educational, health and other social welfare functions, it has also moved to protect the interests of the children under its institutional auspices. The introduction of government support for poor families [particularly single parent female headed families] coupled with increasing federal and state support for early childhood and infant care, has increased government responsibility for the welfare of children and adolescents. The consequence, especially in recent years, has been a heated public debate concerning what behaviors are permissible both in child care institutions and at home. Under greatest scrutiny for "appropriate behavior" are those institutions and families who are seen as the direct responsibility of the state -- that is, public care facilities, and families receiving government income assistance.

The legal and policy guidelines for appropriate child care behavior [and for the identification and management of child abuse or maltreatment] are usually generated and interpreted by those who who wield the greatest influence locally and nationally. These individuals [as well as legislative bodies] frequently do not represent the interests of ethnic minority and other special interest groups whose languages, child rearing practices and other areas of thinking and acting may be different from the mainstream. Poverty, language difficulties, cultural misunderstandings and lack of social support resources may prevent such groups from dealing effectively with misunderstandings around the ways in which they train and discipline their children or from requesting more appropriate assistance or case disposition when abuse is actually determined to have occurred.

Abuse involves the abused and the abuser in interaction. There is no abuse without these two parties. These parties generally interact in a household or family setting. The abusive process occurs in this setting, and is supported actively or tacitly by family members. Thus abuse must be understood as involving the household as well as its individual members. In addition, when help is sought from the household's extended family, friendship or community support network, the situation by definition involves the network.

Abusive behavior, particularly physical abuse is learned behavior [abusers have generally been abused] but the abuse cycle is often related to environmental stresses - that is stress stemming from problems which affect household members, thus lowering their tolerance for children's behavior. General environmental stresses must therefore be considered in understanding household patterns of abuse.[Garbarino and Crouter 1978; Keniston et al 1977; McClelland and Battle 1984] Another way of expressing this idea is to suggest that families cope with limitations on emotional and material resources by making selective decisions about their allocation among family members. Some children are given greater access to these resources than others. [Burgess and Garbarino 1983] Finally, communities are subjected to differential environmental stress. [Garbarino and Sherman 1980] To understand and intervene in patterns of abuse in and across communities, it is important to understand the manner in which communities interact with their larger sociopolitical and economic and physical environments. [Garbarino 1977]

In summary, we are arguing here that the notions of child physical and sexual abuse have relatively recently come into existence; that they derive from an increasing trend toward recognizing the rights of children as individuals; that the use of physical force in socialization must be understood in its broader social context; that the definition of abuse, both physical and sexual, is constructed and operationalized in policy and program by dominant groups in any national setting; and that those groups who are most likely to be reported as abusing --- poor and ethnic minority groups --- are also those who have had the least input into national and state legislation and policy concerning the definition of abuse, and the implementation of programs to address it.

II. Definitions of Physical and Sexual Abuse

With the increasing entry of child rearing into the public domain, public institutions have had to define abuse or maltreatment in order to advocate for, or to protect the interests of the child. From the outset it is important to note the existence of widespread disagreements about terminology. These disagreements center on how abuse is defined, "whose" definitions are acceptable, and under what circumstances they are acceptable. The resolution of these disagreements is central in abuse cases, since definitions provide guidelines for decision making and action for all the parties involved in the case. As Faller and Russo note, " there must be some way of differentiating child maltreatment from acceptable ways of managing children and from other problems in functioning....". [Faller and Russo 1981:4] They write for social workers, but the

problem applies to parents as well as to interveners.

In this paper we are dealing only with physical and sexual abuse. Nevertheless the general principles and issues emerging from this conceptual framework will apply to the wider domain of "maltreatment" which includes neglect and psychological abuse. Definitions of physical and sexual abuse are directly related to the disposition of the case. Most commonly used are medical, legal and mental health definitions. Moral definitions of abuse are not acceptable nowadays, but do in fact underlie these more formalized definitions.

A. Medical Definitions

Medical definitions have two purposes:

1. they are designed to diagnose, treat and prevent the physical problems of children believed to be associated with abuse;

2. they are intended to provide health care institutions with criteria for reporting observed cases of abuse.

By law, public health facilities in most states have an obligation to report evidence of physical abuse to state authorities. While the obligation to report may apply to private health services as well, there is considerable evidence to suggest that private health care establishments address the matter of suspected physical abuse by ignoring it or working with the family, rather than by reporting it. [Hampton and Newberger 1985]

Abuse is defined medically by a combination of the patterning of the medical problem and the judgment of the physician based on case history and experience. Patterns believed to indicate abuse include fractures in very young children, previously healed unset fractures, sequential fractures; retinal hemmorages and other signs of shaking, bruises in unusual places such as behind the ears, side of the face inside the legs, and on the back or stomach, repeated punctures or patterned burns [as with cigarette butts], burns with associated drip marks or burns with well defined rounded boundaries in areas such as the buttocks, which suggest intentional immersion in hot water. [See Faller et al 1981]

In such instances it is extremely important to obtain accurate historical information since medical personnel must decide not only if the child has been abused but whether the child is at risk of repeated physical harm. Thus for example, it is not uncommon for very young children of recently arrived monolingual Spanish speaking parents to live in unsafe physical environments.

In these environments, accidents frequently happen including fractures. If the consequences are not noticeably severe, and the parents are preoccupied with other pressures, or reluctant to interact with the nearest emergency room, the fracture may heal without medical intervention.In the case of immersion burns, newly arrived parents of rural background may be unfamiliar with hot running water and may accidentally immerse small children in hot bathtubs or sinks. Ins home areas of Latin America [as in highland Peru] it is not uncommon to treat enuresis by placing the child on a hot brick or stone. Shaking, slapping and whipping with a belt are common means of socializing young children in the United States and elsewhere and are still sanctioned in some areas [including Hartford] by our public schools.

Accurate historical and contextual information including information on the intent of the adults believed to be abusers can only be obtained if the service providers speaks the language of the client and understands the potential range of explanations for perceived physical abuse.

B. Legal Definitions.

Legal definitions are intended to justify punishment of the adult abuser and/or removal of the child from the abusive environment. Thus unlike medical definitions which concentrate on the abused child, legal definitions focus on the perceived abuser. Legal definitions justify reporting from the point of view of state intervention, for the protection of the child or the adolescent, and criminal prosecution of the perpetrator. Legal definitions all follow federal guidelines and differ only somewhat from state to state. legal definitions are generally broadly stated so as to allow for maximum flexibility of interpretation. While this flexibility is beneficial, it also leaves considerable potential for the subjective interpretation by state protection agencies, the courts and front line service providers. For example, where institutions with the power to make dispositions are staffed with personnel whose ethnic and cultural backgrounds differ from that of the perceived abusers, implicit moral definitions of abuse may interact with legal definitions to result in inapprorpiate judgements. A further problem evolves around the ability of alleged abusers and their families to manage the legal process. If the family is not English speaking or familiar with court procedures, and does not have an effective advocate, the disposition of the case is not likely to be in the family's favor.

C. Psychosocial Definitions

Psychosocial [or mental health] definitions of physical abuse

focus on abnormal developmental processes. Mental health professionals seek for signs of "delayed development" "low self esteem" and "failure to thrive". While some mental health professionals treat the individual, particularly those who counsel adolescents [since they are often troubled by conflicts with parents around authority and control], others see the cause of the problem as lying outside the individual. Sources of the problem are generally defined as the result of "parental inadequacy" or "environmental factors". Parental inadequacy requires "treating the parent" or working with the family as a unit. Environmental etiology includes poverty, cultural sanctioning of physical force in disciplining, minority status and life stresses. Intervention may involve dealing directly with one or all of these factors.

The problems inherent in psychosocial definitions of abuse in ethnic minority communities are obvious. The inability of service providers may prevent them from accurately judging developmental delays. Obvious developmental delays may be the result of factors other than abuse, including health problems [such as otitis media which can interfere with hearing and language development], or asthma. Among ethnic minority children, low self esteem may result from many other sources besides parental abuse, including difficulties at school or with peers. "Failure to thrive" may well be the consequence of poor nutritional status rather than physical abuse or the withholding of affection.

Several points may be made concerning these various definitions of abuse. First, in each instance, the definition of abuse may well be ambiguous and subject to alternative interpretation particularly in instances when those who identify abusive situations are not of the same ethnic or linguistic background as the alleged abusers. Second, the same situation may be interpreted in different ways by different service providers, Third, each of these classes of definitions reflects only the interests of service providers. We have no readily available mechanisms for defining abuse from the perspective of any given community or ethnic group.

D. Sexual Abuse

By sexual abuse, we are referring to repeated sexual advances of adults or older children toward younger children. Sexual advances may range from suggestive language through touching to masturbation or prenetration. Sgroi defines child sexual abuse as "a sexual act imposed on a child...The dynamics of child sexual abuse involve most often a known adult who is in a legitimate power position over a child and who exploits accepted societal patterns of dominance and authority to engage the child in sexual activity.." [1982:9] Thus, like physical forms of

abuse, central to sexual abuse is the adult's or older child's misuse of power in relation to a younger child. Incest is a subset of sexual abuse occurring between members of the same socially defined family unit. [Mayer 1983; Sgroi 1982:10; Tierney and Corwin 1983] Sexual abuse is complicated by secrecy which can be reinforced by threat or the pleasurable quality of the relationship or both.

Indicators of sexual abuse are repeated vaginal or urinary tract infections in young children, pregnancy in preteens and very young teens, items in the anus, unexpected vaginal bleeding in young girls, and statements by children about their own sexual activity with adults. In younger children, the relationship is most likely to be interrupted by accidental recounting. In adolescents, where power conflicts with adults are more common, revelation is more likely to be intentional as the adolescent attempts to gain independence from the relationship. Both accidental and intentional descriptions of socially inappropriate sexual relationships must be taken seriously. (For further elaboration on these points, see Sgoi 1982 and Faller [ed.] 1981)

III. Patterns of Abuse

Our current understanding of physical and sexual abuse comes from three primary sources:

1. documented cases handled by service providers

2. research based on reported instances of abuse and neglect, usually collected by state service institutions;

3. studies of socialization and disciplinary practices which focus on the community as the unit of analysis and seek to determine from the community perspective the range of variation in socialization practices and an emic or community based definition of "non-normal" or abusive behavior towards children.

1. Documented Cases Handled by Service Providers

Indepth documentation of these cases reflects the treatment orientation of the documenters. Interpretation focuses on psychological or behavioral characteristics of parents or other caregiving adults, or children or both. The literature generally points to alleged abusers as lacking in self esteem, insecure, socially isolated, and as having low threshholds for frustration and stress.[Milner and Wimberley, 1979; Smith 1984] Conditions predicting abusive behavior by parents include poor prenatal care, prematurity....There is general agreement that children play a role in promoting abusive behavior. Disability, constant

crying or complaining, continuous illness, continual motion have all been linked to abuse.[Smith 1984:341] How these traits interact with parental personality characteristics and behavior, however, has not been carefully studied, either inter or intraculturally. Most researchers and practitioners nowadays take an interactional approach to abuse in the family, examining the relationships between primary caregivers and children.

2. Reports Based on Secondary Data

Most published research on abuse is based on reported instances of abuse and neglect collected either at the national level or by individual states. Thus it is subject to a number of well recognized biases including the following:

- o overrepresentation of poor and minority cases, and single parent female headed families receiving governmentsupport, and underrepresentation of middle class families using the private health care [or other service] system.
- o failure to differentiate between reported and confirmed instances of abuse
- o failure to differentiate effectively among types of abuse
- o failure to collect and record adequate background and historical information on families.

(For a more detailed discussion of methodological problems in current research, see Gelles 1978)

These and other problems have led researchers to argue that there is a class and ethnic bias in the literature on child abuse. Nevertheless, it would be difficult to deny that physical abuse and neglect are a consequence of the stresses, frustrations, continuous crises and difficult life decisions associated with poverty and ethnic minority status. Certainly these associations have been identified by a number of researchers since Gil's first study of "battered children" in 1970. For example, Strauss and his colleages in a well known national study, found reported abusers to be significantly more often Black, female, poor, continuously responsible for children, from disrupted families and without others to turn to for help with children.[Straus 1978] These findings were later confirmed in an examination of dual parent white working class families. In this sample, reported abuse was overrepresented in lower income families, among mothers rather than fathers, in unemployed households, and in urban areas. [Straus et al, 1980] A number of other studies based on confirmed instances of institutionally defined abuse confirm these trends.[Kadushin and Martin 1981; Pelton 1978] There are no such studies available on Hispanics or

Puerto Ricans. (The most relevant examination of Puerto Rican children in stress is Canino et al 1980)

Since it is virtually impossible to know the actual incidence or prevalence of abuse in any population, perhaps the most important contribution of these data lies in their identification of populations at risk for reported abuse. We can then begin to question how this reporting trend occurs, how abuse is defined in these situations, whether these definitions are justified, and what factors in households and communities contribute to the increased likelihood of reporting for abuse and neglect.

3. Studies of Communities or Families in Community Settings
Studies which fall into this category seek to understand abusive behavior as occurring within the family as a system in interaction with community dynamics. Social psychologists focus on the family as the locus within which abuse occurs. Explanations for abuse within the family rest on characteristics of internal organization [e.g. nuclear versus extended family], lack of social support and the presence of continuous environmental stresses, such as job loss, housing problems, transportation difficulties etc. These factors act as predictors of families at risk and suggest non-therapeutic and situational interventions. There is general agreement that where family and friends consistently help out, economic and other problems are less stressful and the crises that are often lead to abuse can be prevented.[See Egeland et al 1980] Thus we would argue that one of the most effective intervention strategies at the level of the family or household is the strengthening of family support networks.

A group of innovative social ecologists have been strongly supporting the idea of the neighbourhood or community at risk for abusive behavior. [Garbarino 1977; Garbarino and Crouter 1978; Garbarino and Sherman 1980] Based on a series of studies with the community as the unit of analysis, they argue that certain neighbourhoods may reinforce the potential for abuse. They are socially fragmented, characterized by cultural santioning of violence against children [and against women], and very poor Their research demonstrates that neighbourhoods with these characteristics show higher instances of physical abuse of children than other types of neighbourhoods. [See especially Garbarino and Sherman 1980] This approach provides theoretical support for child abuse treatment and prevention programs at the @u(community) level, through the development of community support networks, employment opportunities and sanctions against the use of physical force as a disciplinary measure.

Among the most interesting approaches to understanding child abuse are those which examine patterns of socialization in communities, and which try to define abuse from the perception of

the community. Gelles, in a 1972 study of disciplinary practices in a working class white community, found a range ofdisciplinary methods using physical force or threats of physical force. In this study, men threatened more than women: and women used physical methods such as slapping and beating more often than men. Those interviewed in depth were ambivalent about the use of physical force, but generally expressed belief in its effectiveness. Most interesting was the fact that community members were well able to identify the point at which disciplinary measures became abuse.

Other studies have used vignettes or other measures to assess community or interethnic differences in reactions to situations which could be interpreted as abusive. In a frequently cited study comparing Black, white and Hispanic responses to vignettes portraying family situations, Giovannoni and Becerra concluded that "there is a greater concern about child mistreatment among these ethnic minority groups rather than greater tolerance of mistreatment." [1979] On the basis of this study, they concluded that the greater representation of minorities in child abuse populations may be due to a higher reporting rate. This suggests the probablility that those who study abuse patterns using institutional data arrive at a set of conclusions about minority communities which reflect the institutional perspective; while those who study abuse using community interviews and community data arrive at an alternative position reflecting the community's perspective. A comprehensive perspective can only be developed by utilizing both institutional and community research methods simultaneously.

Garbarino, Eisenberg and others have all argued strongly for the importance of crosscultural understanding of the socialization of children, disciplinary measures and abuse. [Garbarino and Cohen; Eisenberg 1981] All researchers concerned with this matter are forced to deal with the confusions between culture and class. A common resolution is to assume that intragroup differences are accounted for by class; and intragroup similarities are accounted for by culture. Another way of expressing this is that cultural factors are those which cut across class lines. This position suffers from both cultural and class stereotyping and fails to account for intraclass differences in the same ethnic group. Perhaps the best way to resolve this problem is to move away from the notion of culture as a set of commonly shared beliefs and practices, and to assume range of variation. In any population therefore, one would expect to find differences in beliefs, behaviors, socioeconomic characteristics, health status, etc., and would attempt to understand what predicts variation. This position avoids the problem of stereotyping, builds on community needs, and can more effectively target those specific families or individuals at risk for particular social or health related problems.

In this regard, Korbin [1980] has attempted to identify four culturally shaped factors that may affect the incidence of emically or etically defined child maltreatment. The cultural value of children. When children are positively valued, the incidence of abuse is likely to be lower.

1) Beliefs about specific categories of children which may shape behavior toward them positively or negatively. If certain types of children are perceived as sick, of no economic value, "troublemakers" etc., they are more likely to be treated badly.

2) Beliefs about age capabilities and developmental stages. If beliefs about the abilities of children are not consistent with their developmental capabilities, parents or other caregivers may become frustrated and therefore abusive.

3) The degree to which child rearing is shared by significant others in a social network. The larger the network, the more support for child care and the less likely the development of a potentially abusive situation.

These cultural domains are useful in differentiating across as well as within communities or ethnic groups, and are equally applicable across classes.

The matter of intracultural variation raises the sticky question of how to consider the matter of differences in interpretation of behavior between ethnic minority groups and national institutions. If we cannot arrive at a simple way of defining a non-majority culturally based definition of abuse, we cannot compare and contrast two sets of definitions. This is a significant issue because service providers who are ethnically and culturally different from those with whom they must work would like to have an easy set of differentiators, and simplified guidelines for interpreting areas of cross cultural conflict and potential misinterpretation. Once again, the best solution to this problem is the identification of the <u>range of variation</u> in target population or community at any point in time, and guidelines for the careful investigation of situations in that local community that ∂u(appear to) involve maltreatment.

IV. <u>Antecedents to Abuse in the Puerto Rican Community</u>

Relatively little is known nationally about the diversity of ways in which children are raised in the Puerto Rican community, either in Puerto Rico or in the United States. Even less is known about the discipline-abuse continuum and still less about sexual abuse of children. One or two often-cited studies of Puerto Rican family dynamics point to the following potential antecedents to abuse. [See Hidalgo 1981; Project Hogar 1981a and 1981b]

Traditionally, the role expectations of children were relatively clearly defined in terms of respect for and obedience towards elders, responsibility for other children and in household tasks, limitations on power and authority and "decorum" or "knowing one's place" with regard to the adult world. These role expectations have changed dramatically in the urban United States. Here children often gain significant power and authority in the household, as well as entering into adult affairs, because it is children who broker the relationships between the Spanish speaking household, and English dominant institutions. This shift in power relationships undermines the authority of adults and may well result in aggressive and abusive behavior. In addition children and adolescents are given greater independence and decision-making ability by wider society institutions; this independence may clash with traditional authority roles at home.

A further area of shifting power in Puerto Rican households results from the problem of male unemployment. The inability to find economically viable work undermines male authority in the household. This is perhaps most apparent at the point where men either lose a job or face the consequences of inability to find one. To maintain economically viable households, women must accept government support which requires absence of the male partner. This shift confuses patterns of dominance and authority in the household, particularly if the husband visits or is at home only part of the time. In addition, it reduces the amount of time a woman has to spend with her children, and is likely to result in increased force or use of threats to cut down disciplining time.

Puerto Ricans do not differ significantly from other groups in the U.S. in their use or threat of physical force to discipline children. Infliction of physical pain, embarrassment and shame are strategies frequently utilized by Puerto Rican parents to punish and to prevent undesirable behavior. Whipping with a belt or the threat of a whipping is widespread; generally physical punishments vary in intensity with the perceived seriousness of the transgression. Hitting on the rear end, back, legs or arms is perceived as less serious than hitting or harming the face. The sanctioning of physical force in shaping children's behavior can create an environment in which caregivers lose control and children may be hurt Alternatively, caregivers may be inappropriately perceived by others as abusive. It is important to remember, however, that these patterns may vary considerably from one community to another and even across households in the same community.

There are undoubtedly gender related differences in social-ization. Boys are protected less and probably face greater likelihood of disciplining through force than girls. The desire for increased independence among teenage girls [as reflected by dating, personal choice of friends and schedule outside the

house] may well result in excessive disciplinary action by adults in the household.

The literature suggests distinctive rural urban differences in some child rearing practices. Rural agricultural families tend to stress obedience, clearly defined sex role distinctions and more direct involvement of men in disciplinary actions. Greater individualization, overt affection toward children, and disciplinary action by both men and women are more typical behaviors in urban industrialized areas. Discipline through force appears to be more common in isolated rural areas.

Literature on Puerto Ricans in the United States focuses on economic and other environmental stresses and their relationship to health, mental health, educational and other social welfare outcomes. For the past 25 years, it has been clear that among Latino ethnic groups in the United States, Puerto Ricans have consistently occupied the lowest socioeconomic status, and demonstrated poorest health, mental health and education indicators. An explanation for this 'caste-like minority status'is beyond the scope of this paper.
(For a discussion of this concept, see Ogbu 1978)
Our view, however, is that the present situation rests not on failure of individuals to achieve but rather on the social and economic history of Puerto Rico in relation to Spain and the United States and the effects of this history on families, communities and individuals. Many authors offer a more comprehensive interpretation of U.S./Puerto Rico relations and their effects on socioeconomic and health status. Important for this discussion, though, is the fact that these stressors are generally associated in the literature with higher levels of abuse.

IV. Puerto Ricans and Abuse in Connecticut

In Connecticut the Department of Children and Youth Services (DCYS) collects reported cases of abuse and neglect. They followthe Connecticut statutes in defining abuse as follows:

> ...."abused" means that a child or youth (a) has had physical injury or injuries inflicted upon him other than by accidental means, or (b) has injuries which are at variance with the history given of them, or (c) is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment...(Sec. 46b-120. Definitions. Conn. State Statutes, 1982)

DCYS has provided Proyecto Esperanza with aggregate data on reported and confirmed cases of abuse for 1983 and 1984.

@note(These data are limited insofar as they reflect only reported and state confirmed instances of abuse; thus we are unable to discuss the differences between reported and confirmed abuse cases. In addition we do not know the source of referral and thus cannot differentiate institutional reports from community/family network referrals. Unfortunately, the aggregate data do not permit us to examine promising relationships among variables such as gender, ethnicity and type of abuse. Finally, these data do not provide us with any historical or situational information. The data do, however, point to important directions for further analysis with computerized case data from which the aggregate figures have been derived.). These data have been organized into the report entitled "An Analysis of Hispanic Child Maltreatment". The following summarizes some of the main features of reported and confirmed abuse among Hispanic families in Connecticut.@note(The process of reporting and confirmation is described in the abovementioned report.)

* 90% of all reported abuse cases among Hispanics are from the three largest urban areas in the state in order: Hartford, Bridgeport and New Haven.

This pattern is repeated for Blacks while cases of abuse among white families are more evenly distributed throughout the state. This reflects the general population distribution of these three groups in Connecticut in which Black and Hispanic families are concentrated in inner city areas of the larger communities in the state.

* Two thirds of all reported abuse cases among Hispanics occur in single parent households. These households are almost always headed by women.

This proportion is probably slightly higher than the overall estimate of female headed households in Puerto Rican/Hispanic communities, although within urban areas some communities include up to 80% female headed households. We do not know the exact intraurban location of reported abuse cases. (There are slightly more cases of reported abuse among single parent Black than Hispanic families. See Report, p. 11)

* There is some evidence of increase in reported abuse for children between 12 and 18. (See Report, p.15)

* From 1983 to 1984, the percent increase of reported abuse among Hispanics is significantly higher than among other groups

There is a considerable increase in the absolute number of reported abuse cases across the state and across all ethnic groups. (See Report, p. 18). However, for Blacks and Whites the percent increase is 33.5%; for Hispanics it is 45%. (Based on Report, p. 18). To what extent this difference is a function of changes in reporting for Hispanics is unclear and requires an analysis of reporting procedures and shifts in Hispanic staffing patterns across the state for these two years.

* There are gender differences in abuse (Report, p. 13).

Reported abuse of female children is generally more common than among male children, but among Blacks the ratio of girls to boys is significantly higher than among either Hispanics or whites. The aggregate data base does not permit us to explore factors accounting for these inter as well as intraethnic gender differences.

* Physical abuse is the most frequently reported problem in the Hispanic communities of Connecticut.

While physical abuse is the most frequent form of reported abuse among all groups, sexual abuse appears more frequently among whites and Blacks in that order (See Report, P. 20). Sexual and physical abuse do occur together but only one form of abuse is recorded in reporting records in Connecticut and elsewhere. To what extent there is general underreporting of sexual abuse is unknown.

* Among Hispanics and Blacks, mothers are more often reported as perpetrators: among whites, fathers are more often reported. (See Report, p. 28)

* Contrary to common belief, reported abuse by stepparents is infrequent in all groups, but occurs more often among whites.

* Reported abuse by friends, relatives, neighbors and others is significantly less among Hispanics than among the other two groups. (See Report, P. 28; figures calculated on the basis of percentages for 1984 only).

Reported perpetrators among Hispanics were, in order of frequency mothers acting alone (34%), fathers acting alone (25%). other relatives and neighbors acting alone (18%), and stepparents (9%).
This may be explained in several ways:
1)The dislocation of Hispanic communities which has seriously disrupted extended family and community support networks. That is, Hispanics have fewer friends, relatives and neighbors to

depend on for child care. Mothers are the primary care givers and thus the primary reported abusers.

2) Among Puerto Rican Hispanics living in the urban U.S., friends and relatives do not have the same power over children as parents, and thus do not discipline or otherwise relate to the child with force.

3) Division of labor between parents and members of the extended social support network. Friends, relatives and neighbors do not take children to the institutions from which abuse is usually reported; mothers or fathers carry out this task, and thus are reported as the perpetrators.

These results are inconclusive and await further analysis of state case data. However, they tend to confirm for Hispanics more general patterns reflected in the literature on reported abuse: abuse is reported as occurring more frequently among poor families, by women, often the sole heads of household, and in families with limited social supports living in fragmented urban communities. In addition increases in the number of adolescent abuse cases points to the importance of addressing the needs of this age group.

Research on Puerto Rican families in Hartford Connecticut shows a number of characteristics of households and the wider community that have been associated with physical and sexual abuse. @note(these data have been published in a series of articles authored by J. Backstrand, M. Borrero, N. Liriano, M. Roman, M. Martinez, I. Nieves, L.V. Barrera, P.J.Pelto, J.Schensul, S.L.Schensul. in Urban Anthropology, 11(1), 1982.

- o High unemployment.

Proportionately large numbers of families receiving government assistance, coupled with lack of training and employment possibilities for adolescents and adults, both men and women.

- o Recently arrived rural migrants.

High proportion of migrants to Hartford arriving directly from rural areas and small towns in Puerto Rico bringing with them rural traditions of child rearing. These new arrivals are not familiar with urban American institutions. They experience many severe situational and environmentally related crises including extreme overcrowding, problems with nearby relatives on whom they must depend, financial problems, evictions and problems with service institutions.

- o Many single parent households.

High proportion of single parent female headed families. Within

this category of household types, most at risk are those households in which the family is recently arrived, monolingual spanish speaking, and with two or more children under five.

- Stress in households with recent job loss.

Many jobs held by Puerto Ricans are marginal in the sense that they do not include benefits, tenure, are contract-based and therefore temporary. Both men and women are subject to rapid notification of job loss. Sudden job loss propels the family into crisis. Our research shows higher levels of physical abuse of women and psychiatric stress among women associated with dual parent unemployed households.

- limited social support networks.

Our research shows considerable variation in the availability of social support networks. Larger social networks contribute more support and at the same time create more problems. In most difficult straits are recently arrived families with few family or friends to call upon for help. These families often live in deteriorated private housing marked for urban renewal. Thus even the fragile social networks formed in these settings can be disrupted as buildings are relocated and families forced to move to other streets or neighbourhoods. Long term residents of the city who have histories of difficulty adapting to the Hartford area, teens at home, and few friends and family also show signs of health and mental health stress. Life in this type of household can be difficult for adolescents.

V. Puerto Rican Case Data: The Process of Abuse

Fifteen cases of physical and sexual abuse were collected from institutions providing counselling and support services to Puerto Rican adolescents in Hartford. (The format used to collect this information is summarized in the Intake Form) Five cases involved physical abuse; another five were cases of sexual abuse or a combination of sexual and physical abuse. Five were cases mistakenly interpreted as physical abuse. These are the first cases of abuse to be documented in detail in the city; thus we do not know to what extent they are typical. Nevertheless they tell us a great deal about how problems can occur in the interpretation of abuse in Puerto Rican families; they also poignantly describe what family members do to cope with abusive behavior and the crisis situations that arise when this behavior is revealed.

The following points were extracted from these case materials. They should be considered in conjunction with the Case Book and the Intake Form.

1. Physical and Sexual Abuse in the Household

Physical and Sexual Abuse must be viewed as affecting the entire household. All cases of abuse involve the household. Some involve members of the extended kin and friendship network. Thus sexual and physical abuse must be understood and managed within the context of the family. Most cases can be resolved without having the children removed from the home.

Sexually abused young women seek ways of creating a crisis which will allow them to tell their story. Four cases involved sexual abuse of young (14-15) teenage girls by older men in the household. Two involved the biological father; two involved a stepfather. The situations involving the biological fathers had gone on since childhood and were progressively intimate. The young women revealed the situation when the fathers demanded penetration. The other cases had shorter duration history and showed less intimacy. In each instance the young women sought some way of creating a crisis which would provide the context for telling their story. Poor or unusual behavior in school and suicide attempts were the most notable.

Multiple forms of abuse may occur in one family. These cases suggest that sexual and physical abuse of women may be concurrent, and that if one child is found to be abused, others are likely to be as well.

The mother is the pivot around which abuse cases can be

resolved. Cases of sexual abuse are generally resolved when the child is believed and the mother removes herself from the offending man to support the daughter. If the mother does not do this, the home situation cannot be resolved.

It is difficult to resolve cases of physical and sexual abuse when the family has no social supports. Women whose male partners are abusing teens, are forced to relinquish economic and emotional supports to side with their children. There are times when women feel unable to do so even with support from sympathetic social workers.

There are age and gender differences in the patterning of abuse. Physical abuse and neglect appear to apply to younger children, and, less often, to preadolescent males. Sexual abuse appears to be more common among adolescent women.

Physical abuse is associated with alcohol use. Physical abuse appears to be more closely associated with the use of alcohol than sexual abuse. But it is not a consequence of alcohol use. Rather the use of alcohol permits violence to be more readily expressed.

2. Institution-Family Relations

Extrusion may be a necessary but not sufficient condition for the prevention of further abuse. Extrusion refers to the removal of either the alleged abuser or the abused child from the house. Usually extrusion is local. However institutions [and families] may see Puerto Rico as a solution for offending or abused family members.)Puerto Rico is an escape valve for children, father and mother, It is an extension of the support network and changes the context of the problem for parties. But, like temporary residence with another member of the family here, does not solve the family dynamics problem. Arranging for either the offending adult or the child--or the family minus the offending adult--to leave the area is a crisis intervention strategy only, and should be combined with counselling, social supports and environmental intervention when needed.

Psychiatric placement creates a crisis for single mothers which can be avoided. Several cases of abuse or potential abuse involved single mothers with severe psychiatric problems requiring institutionalization. Peaks or crises associated with chronic psychiatric problems can usually be predicted. With [proper] and continuous aftercare (including medication monitoring) it should be possible to predict crisis peaks and make preparations for them well in advance. Such aftercare still does not exist for Puerto Rican mothers.

Institutions may inappropriately perceive relationships of

female minors with adult men as potential abuse situations. Early marriage partnerships continue to be common in the Puerto Rican community and in and of themselves should not be interpreted as abusive or potentially abusive.

Institutions have the power to make decisions. Families without advocates have none. It is not uncommon for institutions to make decisions about the management of a perceived abuse case without informing the parents. In one instance, reported in an earlier Hispanic Health Council project, a hospital social worker arranged to have the childrn removed from the mother's care and placed with the grandmother without informing his client in advance. Both spoke English. One of the current cases involved a young spanish speaking woman with a history of psychiatric institutionalization, living alone with her small child. She was confronted without prior information, by a team of hospital social worker, doctor and state social worker to discuss placement of the child in a foster home. In both instances, the mothers were very upset and screamed at hospital staff. In both cases they were institutionalized and the children placed under foster care. In these situations mothers need community advocates who can integrate family needs, community support resources and institutional priorities.

Children cannot testify about physical or sexual abuse in court. A fifth sexual abuse case involved a close male friend of the family, and the family's two small boys under five years of age. The boys reported the abuse and efforts were made to prosecute. The older of the two children eventually refused to testify in court and the case was thrown out for lack of evidence. The case raises ethical questions concerning the use of child witnesses in court in sexual abuse cases.

VI. Cross cultural conflicts and adolescent abuse: A Framework for Intervention

In this section of the paper we wish to outline potential areas of miscommunication between institutions with the power to diagnose and dispose of cases of alleged abuse, and Puerto Rican Hispanic families and agencies. Our discussion will be based on the abuse literature, case materials and statewide data collected by Project Esperanza. This section is meant to provide a summary for the final sections on intervention and policy recommendations to follow.

1. Situations Resulting from Misunderstanding

In these situations, social workers, court personnel and medical personnel make incorrect assumptions about apparent cases of physical abuse. The assumptions may revolve around

alleged physical evidence, inability to communicate, body language. They may focus on the parent or other adults, the household or family network, or the child or all three.

a. Conflicts around Interpretation of Disciplinary Action

As we commented earlier, physical force remains a common form of disciplining Puerto Rican children. A number of expressions in Spanish are used to refer to the process and efficacy of physical force, threat or abandonment in disciplining:

"Te voy a dar hasta que haya que ponerte Cebo de Flandes."
"Uno de estos dias me voy a desaparecer y no me van a encontrar ni en los centros espiritistas"
"Te voy a partir la cara"
"Te voy a dar la gra pela"
"te voy a dar hasta qu te salte sangre"

If parents were disciplined with force and threats, they resort to these strategies with their own children. This creates problems for parents and children when service institutions do not approve of the use of physical force. Bruises in unlikely n situatareas may be defined by teachers or health providers as evidence of violent abuse. Parents may not understand this since, while they may have hit the child, the intent is punishment. Outside intervention can undermine the authority and control such parents have over their children, and can create a situation in which the child becomes unmanageable and manipulative at home especially when the home is under investigation.

There are circumstances in which families may be perceived as failing to provide children with adequate supervision and discipline. It remains the case that boys are often allowed greater freedom than girls to leave the house, tag along with older boys, play alone, remain out late etc. There is considerable variation in the degree of freedom boys are allowed. Nevertheless, male children with more freedom to roam may be defined as neglected or at risk for abuse or neglect. Care must be taken to understand the rationale behind the flexibility allowed children rather than assuming irresponsible adult care. It should be kept in mind that there are considerable developmental advantages accruing to flexibility and freedom to explore within the realm of cultural norms.

b. Burns and Accidents

75% of Puerto Rican families in the northeast live in inner city private and public housing which is deteriorated, overcrowded. unsafe. In these houses, stairs are broken, second, third and forth story windows may be open, floor boards are cracked and ragged, wiring is exposed, roofs leak, basement doors are missing. These buildings are often uninspected or improperly inspected. Landlords are irresponsible about making repairs and

families, hardpressed to survive, may have only so much energy to protest.

In these streets, buildings and neighbourhoods there are few safe recreational facilities for children. The little equipment available is often broken, with sharp edges and cracked pieces. Playgrounds may be covered with glass. Swings can become unattached. Playgrounds are unmonitored and children can be hurt by other children. Sometimes children play on busy streets because there are no other open spaces.

Mothers with no nearby relatives, may be forced to leave children alone for long periods of time, to shop, to take a child on an emergency visit to the doctor or even to work.

Recently arrived parents may be unfamiliar with the way appliances work, street traffic operates, hot water runs. They may be uncertain about seeking help from physicians who do not speak Spanish, or unfamiliar with greenstick or other fractures that can heal by themselves.

Under these circumstances, when neighbourhoood conditions are coupled with lack of familiarity with the dominant language and other resources, accidents may happen with some degree of frequency. These accidents may show all the indicators of abuse-repetition, staggered healing pattern, immersion in hot water. But they are not explained by abuse. Service providers must be careful to understand the family history, socioeconomic and neighbourhood context of the presenting situation and to hear the caregivers' explanations.

c. Language Use and Non-Verbal Communication

50% of the Puerto Rican community in Hartford prefers Spanish as the first language. Households in which Spanish is stated to be the preferred language require interpreters when interacting with institutions and in crises involving English speakers. In many Puerto Rican fmailies, it is the children who are often the principal translators.

In cases of child maltreatment, this valuable translation resource may well be lost because either the child is the victim or the issues are too personal and sensitive for the child to be able to translate. Neighbours and friends who often substitute as translators, are not used in these situations. Hence, when abuse is seen as the problem, a stranger - Hispanic or otherwise - must be brought into the picture.

The translation process leaves much to be desired. Both the family and the social worker lose control over the process of communication and feel powerless. They must depend on the translator to communicate critical and sensitive issues without

knowing on either side whether the discussion is being accurately translated. The service worker who was trained to pay attention to the tone of voice, facial and body movements, affect, cannot pick up important cues.

For the family, the situation is even more critical. The subject is difficult to discuss in private. Issues of childrearing and family dynamics are generally discussed within the family or friendship network. Our data continually shows the importance of the social network in providing personal support, advice, financial support and help at home. It is not customary to go outside of the family to take care of private personal business. Dependence on a translator requires that the family must explain intimate details of household activity and family interaction to a stranger who then reports to another stranger in a language the family does not understand information which could result in arrest, removal of a child from the home, or worse. Even if the service provider is sympathetic and bilingual/bicultural, it is likely to be somewhat uncomfortable to discuss personal matters.

Since the family is communicating with individuals correctly perceived as having power over their lives and the lives of their children, family members may well use non-verbal communication styles which are intended to indicate submission - folded hands, bowed shoulders and downcast eyes. These have been interpreted as inattention, lack of sincerity, guilt, disregard for the seriousness of the situation, etc. Service providers should be aware that non-verbal behavior may have meanings unfamiliar to them, and should always stop to question the subtle meanings of facial and body movements in sensitive situations. Even bilingual bicultural service providers will face cultural restraints with regard to open discussion of sensitive personal matters. Rapport requires considerable time and patience.

2. Situations Arising in the Management of Physical Abuse Situations

a. Failure to Inform Parents of case dispositions

Workers, counselors and physicians may make decisions about abuse situations without discussing their actions with parents. They may avoid confrontation because it is easier, or because they fear the reaction of the parents. Alternatively, workers may believe they have talked with the family but family members do not understand the implications of the discussion for either for themselves or for the children. Confrontations around abuse promote crisis situations in a fmaily. Misunderstandings may occur because family members in crisis may not understand enough English or know enough about the child protection system to realize what is happening. Care must be taken to make sure that parents are clear about their rights and responsibilities under

the law and have access to legal services if necessary.

b. Placement of Puerto Rican children in foster homes or institutions

There is mixed opinion concerning the use of foster homes or institutional placements in cases of state documented physical abuse. One position argues that removal from the household to any other setting is better than remaining in an abusive setting. Another suggests that children should not be completely disassociated from their linguistic and cultural background. Families are more likely to prefer placement with nearby family members or outside placement close enough to visit. In general, placement of children with family members is probably more desirable than outside placement. Outside placement if necessary, should be in homes that match the language and cultural orientation of the child. Institutional placements should offer social options familiar to children.

It is not uncommon to arrange for extended family members to raise a child. In Puerto Rico years ago, grandparents customarily raised the oldest child as their own. Nephews and nieces, godchildren and children of friends and neighbours may still be taken into the family and raised as family members. Whenever possible, the family network should be utilized in addressing the matter of alternative placement. These arrangements should be worked out with the parent of the child.

c. Problems in Providing Appropriate Interventions for Parents and children

Despite systems models for understanding and managing abuse situations, service providers still concentrate on the "perpetrator" and the "victim", suggesting counseling and therapy, or removal. Puerto Rican parents who use excessive force with their children, on the other hand, often describe the pressures of urban family life -- as well as the behavior of their children -- which cause them to explode in anger. Short or long term therapy with the adult is not likely to be an effective strategy for preventing further abuse -- parents are unlikely to comply, and the real reasons for the abusive behavior are not addressed. Solutions to situational problems, long term training and employment strategies, instituting day care families to relieve homebound mothers, building social support networks for isolated mothers and fathers, building community support networks (councils, support groups, cultural centers)and developing bilingual parent-child interaction programs are all methods that are more likely to succeed in preventing recurring abuse.

C. Situations Arising in the Management of Sexual Abuse Cases

a. Misinterpretations around household composition

Puerto Rican household structure and membership varies considerably. In our random samples in high density areas of the Puerto Rican community in Hartford, about 45% of all households were husband, wife and children, and another 45% were single parent households with young children. In two specialized high risk samples, however, household composition was much more variable. Households included other adults and child relatives, friends, and godparents. It is not uncommon for a number of older male relatives to live intermittently with a family, particularly if they are recently arrived from Puerto Rico and attempting to establish themselves, or if they have lost a job or have a health problem. Service providers may believe that the presence of male household members who are not nuclear family can lead to abuse - and in particular, to sexual abuse of girls and young women. While overcrowding may promote the use of force with children, there is no evidence whatsoever to suggest that sexual abuse increases in households that include male extended family members.

b. Sexual abuse is common in the Puerto Rican/Hispanic Community

There is set of dominant society beliefs surrounding sexual behavior in ethnic minority communities. The presence of extended family members, apparently elevated numbers of young pregnant teenagers, perceived sexually aggressive behavior of young men, the isolation of a rural Puerto Rican background, are all believed to contribute to sexual license in the home or family. On the contrary,statewide figures clearly suggest that reported sexual abuse is <u>not common</u> in the Puerto Rican community. Increases in sexual abuse figures in the past year are easily attributable to improved reporting. Workers should not expect to find many situations involving sexual abuse.

b. Stepfathers are the most frequent sexual abusers

Both the literature and comments of service providers point to stepfathers or mothers' boyfriends as most frequent sexual abusers. The underlying assumption is that non-biological relationships are more likely to result in sexual abuse in the household. Evidence to date suggests that both stepfathers and biological fathers may be sexual abusers of daughters or other young women in the household. Abuse by other male family members is practically unheard of. We have no information about male sexual abuse of young male children, or female sexual abuse of children.

VIII. RECOMMENDATIONS FOR INTERVENTION

This section presents suggestions for intervention in instances of abuse in Puerto Rican/Hispanic families. Our discussion is confined to situations in which the family has come forth and asked for some form of help -- regardless of whether the help refers specifically to abuse or some other problem. Such situations might include, for example, an adolescent's attempt to leave home, a suicide attempt, a mother's seeking counseling for a mental health problem, etc. In these situations, we wish to assist service providers and the family to determine:

a) whether abuse of adolescents is going on

b) what can be done to assist the family in the community

c) what can be done in communities to prevent abusive situations from occurring

d) what can be done to assist institutions andorganizations working in the area of abuse treatment and prevention to work more effectively together.

A. Case Finding

Case finding involves the obtaining of accurate information. Service providers must be careful about two types of situations: First, those in which a child appears to have been physically abused but has not been, and second, those in which a child has been sexually abused but where noone in the family has directly mentioned it. In such instances, providers should:

a) establish a personal relationship with the adolescent.

b) ask detailed questions about the situation, how it happened, and what led up to it. Each family member's interpretation of the situation should be clearly understood.

c) speak to the adolescent alone, at length and in the language of preference of the adolescent.

d) make sure there are bilingual bicultural counselors of the same sex as the adolescent.

e) be suspicious of the reasons behind suicide attempts and other crisis situations provoked by adolescents.

f) question the family situation when adolescent girls move out of the house and in with other relatives, or when the woman appears afraid of her husband.

g) ask about patterns of use of alcohol in the house by adult men and behaviors associated with alcohol use.

h) take seriously adolescents' descriptions of socially inappropriate sexual relationships.

B. Case Management

Most situations involving abuse occur in the family. Our data suggests that in the Puerto Rican community, wuith regard to abuse, "family" refers to the household unit. Most household units include mother and children, or mother, male partner and children. It is important to keep in mind, however, that the family carries on from day to day in the context of a social network, and in a community setting which may or may not be helpful in managing abuse.

Once a situation involving abusive behavior has been clearly identified, the following principles of intervention should be considered:

a) physical and sexual abuse must be viewed as affectingthe entire household. All cases of abuse involve the household and some involve members of the extended kin and friendship network. Thus intervention should focus first on interaction between primary caregivers and children, and then on the roles of social network members.

b) Economic and other environmental pressures create a stressful environment within which physical abuse can more easily occur. Thus intervention strategies should seek ways to identify and relieve environmental stresses.

c) Where family and friends and other community supports consistently help out, economic and other problems are less stressful and the crises that lead to abuse can be better prevented. Thus intervention strategies should involve the strengthening of family support networks. This can be done first through identifying key network members and then utilizing such techniques as joint problem solving, and network therapy.

d) Institutional extrusion (of abuser or child or both) can solve an abuse problem but it is only a temporary solution to a crisis situation. Permanent solutions require that adult caregivers understand the source of the problem and make active decisions about resolving it through counseling or permanent reorganization of the household. The cooperation of the mother is crucial to the long term solution of an abuse problem. "The mother is the pivot around which abuse cases can be resolved".

e) Hispanic families may not be familiar with their rights in a situation in which abusive behavior has been identified. Institutions like the courts have the power to make decisions;

when families do not speal the dominant language and have no advocates, they have limited rights. Families should have access to community and/or legal advocates who can integrate family needs,community support resources and institutional priorities. They should also have access to legal services when necessary.

f) children should not be asked to testify about physical or sexual abuse in court.

g) case workers should be careful provide parents with clear cut means of maintaining their authority in lieu of physical punishment. Otherwise parental authority will be undermined, leaving children to manipulate parents in their own interests.

h) whenever possible, the family network should be utilized for alternative placement. These arrangements should be worked out with the parents of the child.

C. Abuse Prevention in the Community

Environmental conditions make it likely that abuse will occur more often in some communities than in others. By community, we are referring to a geographic area which can be bounded or defined by its residents. The community displays a certain homogeneity of housing type, socioeconomic status, ethnicity (or ethnicities) etc. The community can be the focus for prevention as well as casefinding and treatment.

a) community institutions and organizations can provide bilingual/bicultural counseling and support right in the community for families that fear they may become abusive.

b) community support networks in the form of councils, committees and self help groups can provide information, encouragement and counseling for families who wish to prevent abusive behavior.

c) community organizations and concerned residents can assist in the search for economic opportunities, housing and other social and environmental resources that reduce life stresses for Puerto Rican/Hispanic families.

d) communities can actively promote discussions about the use of physical force as a disciplinary measure, and sanctions against the use of force.

e) community networks can identify cases of inapropriate diagnosis of abuse, and address the implications of these cases with relevant organizations and agencies.

D. Inter-Institutional Coordination

Institutions that are mandated (either by the state or internally) to address the matter of abuse are generally characterized by their own operating definition of abuse, procedures for handling abuse cases, and affiliated support programs. The ability of these institutions to collaborate across cases, or around general problems in the definition and management of abuse has been limited. The result has been lack of coordination and followup of approach with individual families, contradictory decision-making and a host of communications problems between institutions and families. Strategies for facilitating inter-institutional coordination around the issue of abuse in Puerto Rican Hispanic communities include the following:

1. The development of a joint data base, or cross institutional procedures for information collection and analysis.

2. The development of task forces on community, city and state-wide levels to discuss common problems and promote policy formulation vis a vis abuse in the Puerto Rican Hispanic community.

3. The development of departmentally as well as individually based cross-referral networks which would ensure continuity of service for families needing more than one helping resource.

VII. Policy Recommendations

The last section of this report details a number of policy recommendations for documentation and intervention in the areas of physical and sexual abuse with Puerto Rican/Hispanic families. These recommendations are derived from the following source materials:

1. the recommendations of the project Advisory Committee.

2. Materials sent by agencies across the country providing services in the area of child maltreatment to Hispanics

3. The analysis of secondary data on child abuse from the Department of Children and Youth Services of the State of Connecticut.

4. analysis of case studies (See case book)

5. Review of national training and curriculum materials.

This statement is not intended to be comprehensive. Rather it is an attempt to summarize for service providers, planners, policy makers and community organizations, the implications of the materials we have collected on the maltreatment of Hispanic adolescents over the past eight months. We hope they will increase understanding of the differences and similarities between the maltreatment of Hispanic and other children. Ultimately we hope that they will contribute to the continuous effort to reduce the extent of child maltreatment in the Hispanic communities of the United States. We will discuss our recommendations under five separate categories:

I. Research;
II. Prevention and Treatment Programs
III. The Need for Trained Personnel
IV. The Need for Training Materials
V. The need for Interagency Cooperation.

I. Research

a) More multidisciplinary research must be carried out to understand the ways in which social, economic, cultural, demographic, gender related, interactional andintrapersonal factors interact in promoting the excessive use of physical force with children.

b) This research should be done from both a clinical and community base, since each base offers different access to data and utilizes different theoretical perspectives.

c) Time and resources should be allocated at the federal, state and local levels to the collection of more accurate information on physical maltreatment and sexual abuse of children. This requires examining information collection procedures, identifying gaps in data collection andpossible sources of bias.

d) Research on socialization, authority and abuse in Hispanic communities should be done by Hispanics, or in conjunction with Hispanic research institutions in order to ensure more appropriate research design, instrument development,staffing,and interpretation and presentation of data.

e) More research is needed on general patterns of socialization and disciplining in Hispanic communities in order to differentiate more accurately normal socialization practices from abuse.

f) More research is needed on factors related to the use of force with children in single parent female headed families. Specifically, we must be able to identify the particular circumstances under which female headed households are at risk for abuse.

II. Prevention and Treatment Programs

a) The high rate of reported physical abuse among single parent female headed families points to the need for a prevention strategy aimed at this high risk group. Such a strategy should develop as a result of the research suggested in Ia and If above.

b) This strategy should be aimed at mothers first, and should keep in mind the primary needs for social support, improved parenting skills, and relief from environmental stresses (including economic, institutional and health problems).

c) Other intervention strategies should be targetted to specific types of families at risk including young recently arrived families, dual parent unemployed families, and older long term residents with teenchildren. These interventions should be based on @u(research)focused on the relationship between family type, environmental factors, family process, and characteristics of abuse.

d) Since Puerto Ricans are concentrated in neighbourhoods, and some neighbourhoods are at higher risk formaltreatment than others, these neighbourhoods should be identified and targetted for neighbourhood-wide interventions. Such interventions should build on existing community support networks,indigenous agencies such as centros de espiritismo, building based self-help networks among informal social groups, etc. They should concentrate on building economic ,emotional and organizational support for families at risk for abuse in that community. These interventions should be developed by or in conjunction with informal community leaders.

III. The Need for Trained Personnel

a) Bilingual and bicultural @u(trained) personnel are critical to effective treatment, prevention and intervention with Hispanic families in cases of actual, potential or

suspected abuse. The absense of such personnel invariably leads to misunderstanding and the separation of the child from the family. It may even place children inpotentially dangerous situations (as for example in institutions where they cannot communicate with the staff).

b) Funding should be allocated for the training of bilingual/bicultural personnel.If bilingual bicultural trained personnel are not available, they must be sought, or trained or both. Training programs in English and Spanish must be available for Hispanics who wish to provide services or build prevention networks in their own communities. These
training programs should also be available to non-Spanish speaking trainees who have shown a history of commitment to working in Hispanic community settings.

c) City and statewide campaigns should be conducted toensure that state, city and private organizations working with abused Hispanic children understand the benefits ofhaving bilingual/bicultural trained staff.

d) Both Hispanic and non-Hispanic service staff should be trained to understand the history, cultural backgrounds, diversity of family backgrounds, and factors affecting socialization and abuse patterns in Spanish Speaking ethnic groups in the U.S. Workshops, conferences, credit courses, seminars and other forms of training must be developed and marketed to agencies who serve Hispanic clients - particularly those that have a limited numberof Hispanic workers on staff.

IV. The Need for Training Materials

a) In order to train personnel effectively, existing high quality Hispanic training programs must be identified and utilized. Where such programs do not exist, or where curricula are incomplete, new training materials and activities must be identified. There appear to be few if any well developed training programs aimedspecifically at sensitizing and training non-Hispanic personnel to work with Hispanic clients in cases of childmaltreatment.

b) Community based prevention programs which build on existing social support networks will also require training
materials appropriate for community residents.@u(Training materials for community residents in Spanish) must be created.

c) Audiovisual materials in English and Spanish must be

created for training with community residents and training professionals residents and trained professionals. These materials cannot be found in Spanish or both languages.

V. Interagency Coordination

Coordination among state agencies, the courts, community organizations and workers in the field of maltreatment is essential. One of the major complaints among professionals in the field of child maltreatment is the lack of coordination among agencies and workers. The consequences of this lack of coordination are greater work, inefficient followup of cases, failure to obtain an integrated, family oriented understanding of the case and consequent greater hardship for family and child. To cope with this situation, we suggest the following:

a) The state Department of Child and Youth Services (DCYS) or that agency with statutory responsibility, must develop and publicize a guide to information, procedures and coordination. This guide should be available in Spanish and English. It should be widely distributed to agencies, organizations, workers and members of the Hispanic community.
This guide should be developed with input from Hispanic workers, agencies and lay people.

b) The court system must hire Hispanic personnel, and ways must be found to inform the Hispanic community ofimportant programs such as Court Appointed Surrogate Advocate(CASA). This will help to develop the Hispanic volunteers necessary to run such a program.

c) A task force should be developed to promote better organizational coordination among the public and private agencies providing services to Hispanic families in the area of abuse.

d) Hispanic agencies should be used to assist professional service providers to relate more effectively to Hispanic families. Professional service providers working with Hispanic families on maltreatment cases may be assisted to communicate more effectively with each other by linking with Hispanic agencies. Social service agencies can assist in ensuring service follow up, can assist in cultural brokerage, and can help the family to coordinate assistance.

e) Hispanic social service agencies should be assisted to develop programs which interpret, coordinate and follow up complicated abuse cases.

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